Name in Full

A. F. Blee

Certificate of Death

Died at Town Floyd County Garrett MARYLAND

Date 1899 Month 2 Day 2 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

142C

Cause of Death: Primary — Lung himself

Immediate

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Independent 2-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70798

Name in Full

Mary Probst

Certificate of Death

Died at Town: Potts Glade County: Garrett MARYLAND

Date 189 9 Month: 2 Day: 7 | Age Y. 19 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Wm. Probst

Mother's Name

Cause of Death: Primary Pneumonia 7 2

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Mountain Democrat 2-9.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73808

Name in Full — Mrs. Elizabeth Burton — Certificate of Death

Died at — Town: Oakland — County: Garrett — MARYLAND

Date 189 a — Month Dey: 2-15 — Age: Yr M. D. — Native of — Occupation

~~Male~~ Femele — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 2 daughters

~~Husband~~ Wife of D. Elizah Burton

Father's Neme — Phelps — Mother's Name — 143

Cause of Death — Primary — fractured hip; fall

Immediete — Pneumonia — How long sick

Accident, Suicide, Homicide

Reported by — Evening Capital

Address — Annapolis 2-16

Must be signed by physician, If any in ettendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Margret L Casteel

Certificate of Death

Town

County

Died at — Garrett — MARYLAND

Date 1899	Month Feb	Day 7	Age Y. 39	M. 11	D. 28	Native of Maryland	Occupation House Keeper

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — No. of children living 8

Husband / Wife of Archabel Casteel

Father's Name —

Mother's Name —

Cause of Death — Primary: Child Birth 118 — Immediate: Sudent

How long sick 1½ Hours

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by S Savage & Son undertakers

Address Friendsville Md now Physician attending

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Della Mary Casteel

Certificate of Death

Died at Town: cruge County: Garrett MARYLAND

Date 1899 Month: Feb Day: 12 | Age Y. 4 M. — D. — | Native of Garrett | Occupation —

~~Male~~ / Female | White / ~~Colored~~ | Married / Single | Widow / Widower | ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name John E Casteel

Mother's Name Mary Alice Casteel

Cause of Death — Primary: pneumonia or grip

How long sick 3 or 4 weeks

Immediate

Accident, Suicide, Homicide

Reported by S Savage & Son undertakers

Address Friendsville Md now Physician attending

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Guy D. Chisholm

Certificate of Death

Died at Town Oakland. County Garrett MARYLAND

Date 189 Month 3 Day 10 | Y. 23 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Garrett Journal 2-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Oakland Cemetery

Rev. S. M. Engle, Pastor of M. E. Church

Assisted by Rev. J. M. Davis

Name In Full — Certificate of Death

Wm DeSpith

Died Town: near Hoyes — County: Garrett — MARYLAND

Date 1899 — Month: 2 — Day: 9 — Age: Y. 72 M. D. — Native of — Occupation

Male / ~~Female~~ — White / Colored — Married / ~~Single~~ / ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 7

Husband / Wife of Ann —

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Garrett Journal 2-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Solomon Gyrch

Certificate of Death

Died at Town Grantsville County Garrett MARYLAND

Date 189 9 Month 2 Day | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 1452

Cause of Death: Primary Inguinis sustained by

Immediate a kick from a horse

How long sick

Accident, Suicide, Homicide

Reported by Dr Deming Mar 2-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

Thos. Feltoe

Certificate of Death

Died at Town Selbysville County Sussex MARYLAND

Date 189 Month 3 Day 2 | Age Y. M. D. | Native of | Occupation

Mele / ~~Female~~ | White / Colored | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living

Husband of

Wife

Fether's Name

Mother's Name 145d

Cause of Death — Primary: Killed by a train — How long sick

Immediate — Accident, Suicide, Homicide

Repoited by Commissioner Selbysville 2-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Mrs. Jacob Fresh

Certificate of Death

Died at Town: New Germany County: Garrett MARYLAND

Date 189 Month: D Day: 7 | Age: 67 Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Virginia Jarrad 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Stella Francis Gaver

Town: Loch Lynn County: Garrett MARYLAND

Died at

Date 189 9 Month 2 Day 28 Age Y. 2 M. 3 D. Native of Ind Occupation —

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name: David Gaver

Mother's Name: Percy Knight

Cause of Death: Primary: Pneumonia Grip How long sick: 3 days

Immediate: Inflammation bowels

~~Accident, Suicide, Homicide~~

Reported by: I. D. Newman M.D.

Address: Oakland Md Garrett Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Patrick Joyce

Certificate of Death

Died ~~at~~ near Town Keyser County Garrett MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 2		Age				

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husbend of
Wife

Father's Name

Mother's Name

147 f

Cause of Death: Primary — Frozen to death — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle 2-17

Address

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Name In Full Robert Lee

Certificate of Death

Town

Died near Sunnyside County Garrett MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 2	6	Age				

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Garrett Journal 2-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70698

Name In Full D. A. Loar

Certificate of Death

Died ~~in~~ near Oakland Town County Garrett MARYLAND

Date 1899 Month 2 Day 3 | Age Y. 69 M. D. | Native of | Occupation

~~Male~~ ~~Female~~ White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Garrett Journal 2-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7089B

St. Paul's M. E. Church.
Oakland Cemetery

Name In Full

Mrs. Sarah Male

Certificate of Death

Town

Died at near Oakland County Garrett MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	9	10	Age 66			

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ Wife of Isaac Male

Father's Name

Mother's Name

Cause of Death — Primary: 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by M. L. Demoral 2-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70P08

Name in Full Mrs. Grant Michael

Certificate of Death

Town Vicar North Glade County Garrett MARYLAND

Died at

Date 1899 Month 2 Day 4 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Garrett Journal 2-9.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79945

Buried near Frankville
Rev. J. C. Rodeheaver.

Name In Full

Certificate of Death

Chas. Rayman

Died near Town Mt. Savage County Garrett MARYLAND

Date 1899 Month 2 Day	Y. 62 M. D.	Native of	Occupation
Male / ~~Female~~	White / Colored	Married / Single	Widow / Widower
Divorced	Number of children living		

Husband of Wife

Father's Name

Mother's Name

152a

Cause of Death — Primary: Killed in a mill

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Ann Isabelle Ridgely

Certificate of Death

Died at Town: Grantsville County: Garrett MARYLAND

Date 189 Month: July Day: 2 | Age Y. 17 M. 2 D. 12 | Native of Md. | Occupation Farmer

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number ~~of children living~~

Husband of Wife

Father's Name Eli Ridgely | Mother's Name Ellenora Harding

Cause of Death: Primary La Grippe | How long sick 3 days

Immediate Pneumonia

Accident, Suicide, ~~Homicide~~

Reported by Dr H. L. Burns

Address Grantsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full X Schroyer

Certificate of Death

Died at Town Cruge County Garrett MARYLAND

Date 1899 Month Feb Day 19 | Age Y. — M. — D. 2 | Native of Garrett | Occupation

~~Male~~ Female | White | Colored | ~~Married~~ | ~~Single~~ | Widow | Widower | ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name John Schroyer

Mother's Name Mary Schroyer

Cause of Death: Primary 161

Immediate Sudent

How long sick

Accident, Suicide, Homicide

Reported by S Savage & Son Undertakers

Address Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Now Physician attending

LIBRARY BUREAU, 88968

Name In Full

Certificate of Death

Andrew Collins

Died at Town: Gorman County: Garrett MARYLAND

Date 1899 Month	Day	Age Y.	M.	D.	Native of	Occupation
9	26	78				

~~Male~~ ~~Female~~ White Colored ~~Married~~ ~~Single~~ Widow Widower Divorced Number of children living /

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mountain Democrat 8-21

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

X

Certificate of Death

John Strawser

Town

County

Died at Near Deer Park

Garrett

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 Feb	7	Age 2	5	25	Maryland	

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Henry Strawser

Mother's Name Gibson

Cause of Death: Primary 86

Immediate Membranous Croup

How long sick 24 hours

Accident, Suicide, Homicide

Reported by J W Ramsburg

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mrs. Vernon

Died at Town Keyser County Garrett MARYLAND

Date 189 9 Month 2 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

~~Husband~~ Wife of L. Harry Vernon

Father's Name | Mother's Name

Cause of Death: Primary Paralysis 44 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carrier 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7